PIP Benchmark: Enhance Child Stability and Permanency

PIP Item: 2A.3.3 Develop a statewide plan to implement strategies based on lessons learned from the Casey Roundtable process.

In preparation for this quarter 4 item, Central Office and the Casey Family Programs initiated statewide permanency roundtables PIP items 2A.3.1 and 2A.3.2 quarter 1. The Roundtables were designed to:

- Develop a permanency plan for specific children that can be realistically implemented. Establish life-long connections and/or supports for these children.
- Stimulate analytical thinking with our staff and develop/model clinical practice as we seek pathways to permanency for these children and other children.
- Identify and address barriers to permanency that might be changed through professional development, policy change, resource development, and the engagement of system partners.

Part 2 of this submission is the statewide plan. The plan contains the background information related to permanency, the barriers identified through the roundtables and the strategies to strengthen practice.

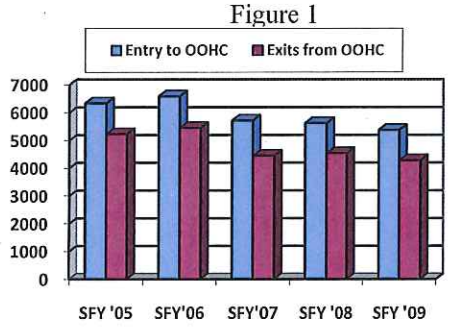
Casey plan

2A3.3 – Develop a statewide plan to implement strategies based on lessons learned from the Casey Roundtable process.

Kentucky Roundtable

Based on the findings from Kentucky's second round of the Child and Family Services Review (CFSR), and child welfare system priorities, since January 2001, Kentucky has experienced a 23% increase in the number of children in out-of-home care (OOHC) from 5,841 children in 2001 to 7,207 children in June 2010. Analysis of statewide administrative data show the increase is due to fewer children exiting OOHC than entering OOHC, resulting in a growing number of children with a prolonged commitment to state custody. To address this, Kentucky more than doubled in-home services (Intensive Family Preservation Services) to keep children safely at home and safely reunified when possible. Kentucky also entered into a partnership with Casey Family Programs.

Figure 1



Background and Rationale

The Kentucky Permanency Roundtables (KY PRT) were designed in partnership with Casey Family Programs to rigorously pursue permanency for children in prolonged commitment to state custody. This report is the one-year evaluation of outcomes from the first Kentucky Permanency Roundtables of fall 2009. The target population for the KY PRT were children (1 ½ years to 17 years old) in OOHC (out-of-home care) for 18 to 48 months with a permanency goal of 'return to parent' (or no permanency goal). Permanency Roundtables were conducted in each of nine service regions for nine cases (81 total cases)

with 104 children. The children chosen for reviews were on average 10.7 years old, had 3-4 moves in OOHC, and 40% had reentered OOHC at sometime. These children had higher rates of physical abuse than most children in Kentucky's OOHC and high risks to safety due to poverty, domestic violence, mental health issues and substance abuse. Following the reviews, child specific action plans were developed and implemented by workers, supervisors, and management staff. Permanency was defined broadly as a sense of belonging that may include a permanent home outside of DCBS, improved placement stability, and adult and family connections that will remain with the child independent of DCBS involvement. Exits from OOHC to adoption, reunification, and placement with relatives were considered as providing the child with a permanent home or permanency; these goals were considered as superior to goals of emancipation, guardianship, or planned permanent living arrangement that do not suggest permanency.

Kentucky is a high performing state, exceeding the federal standards on most measures of permanency. For example, more than 80% of all children discharged from foster care to reunification do so within 12 months. Overall, about 75% of children removed from their families, return to their families or relatives. The median length of stay for reunified children is about 4 months in OOHC. Similarly, Kentucky has low rates of emancipation and only 30% of children emancipated have spent three or more years in OOHC. Despite these positive indicators, once children stay in OOHC for more than 12 months, they tend to experience increasingly longer stays in OOHC. Over time, the concern about the number of children with prolonged commitment to state custody has grown although the numbers have remained relatively stable. The target group for the KY PRT was chosen because it was considered the most difficult group to achieve permanency.

The Permanency Roundtables are included in Kentucky's Program Improvement Plan under *Theme 2: Enhancing Child Stability and Permanency*. The Kentucky Permanency Roundtables were designed to achieve these short-term or proximal goals:

1. To develop a permanency plan for specific children that can be realistically implemented over the next six months.
2. To stimulate thinking and learning about pathways to permanency for these and other children.
3. To strengthen front line and supervisory practices related to helping children achieve permanency.
4. To identify and address barriers to permanency that might be changed through professional development, policy change, resource development, and the engagement of system partners.

Logic Model: Process and Anticipated Outcomes of the Kentucky Permanency Roundtables

Inputs	Process/Outputs	Proximal Outcomes	Distal Outcomes
Casey Roundtable (RT) training and focus on child permanency	Challenge to the current paradigm on permanency and expand thinking on what is permanency and how to achieve it.	DCBS trained staff and supervisors are able to participate in RT discussions and entertain multiple ideas to assist children to permanency.	Process will be in place that encourages innovative thinking, creative ideas, diligence and belief in the idea that children can achieve permanency despite barriers.

Inputs	Process/Outputs	Proximal Outcomes	Distal Outcomes
Universe and sample of 81 cases chosen for KY PRT permanency reviews. TWIST data pulled and additional data entered on children.	Generate a profile of children (18-24 months in OOHC with RTP goal) and identify common barriers, strengths, predictive demographics.	Children with the potential for prolonged commitment in OOHC will be identified earlier with practices implemented to move them to permanency more quickly.	Over time reduce the number of children in OOHC meeting the target criteria for the KY PRT.
Sample of 81 cases reviewed by KY PRT review in a structured, supportive and innovative process involving supervisors, staff and regional leadership. .	A wide range of workers and supervisors will engage in the process and learn to generate ideas and next step in a supportive group process.	Each region will have a cadre of KY PRT trained CPS staff to coach and mentor other staff and disseminate the ideas and philosophy of the PRT process.	CPS practice will be stronger in Kentucky – more focused on service provision, creative thinking, diligence in the case, and achieving timely permanency.
Case plans are developed and implemented for each child in the KY PRT target sample. Monthly follow-up contacts with the worker and supervisor.	Children in the KY PRT are tracked for change of goals, exits to permanency. KY PRT scorecard and newsletter to track results and reinforce the practices.	Children in the KY PRT target sample will achieve improved permanency sooner than other target children not reviewed.	Generalize the process to all children as above. Over time reduce the number of children in OOHC meeting the target criteria for the KY PRT.
Regional and systemic barriers to permanency are identified.	A list of top barriers to permanency is generated and action plans developed for each.	Changes to SOP, improved use of consultants or specialists, and other actions implemented in the regions or state.	Gradually reduce barriers to permanency and the number of children in OOHC. Changes in thinking are internalized into practice.

Inputs	Process/Outputs	Proximal Outcomes	Distal Outcomes
The results of Phase I are examined.	Results are used to develop Phase II and other consistent case review practices in DCBS.	The case reviews currently in place are evaluated for their impact on desired child outcomes and modified as needed.	Case review practices in Kentucky are targeted and effective in advancing family safety and child permanency.

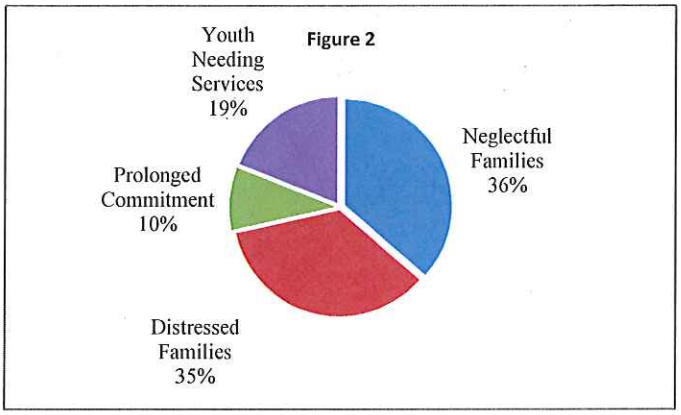


Figure 2

Methodology Kentucky Permanency Roundtables

(Fall 2009) Target Population:

Kentucky undertook a study using administrative data to define sub-populations in OOHC and their needs, using data on all children in OOHC during any day in 2009. Cluster analysis was used to identify orthogonal sub-groups within the population of 13,965 children and a four-cluster solution was chosen as most representative of the data and useful for understanding the OOHC population. The four groups are shown in Figure 2. Children from *neglectful families* were the youngest at first entry (average 5.6 years), had spent 13 months in OOHC with an average of 1.3 placements. Of these children, 100% had neglect as a condition for entry to OOHC, 100% had siblings, 24% had parental drug or alcohol abuse as a condition for entry and 80% who exited in 2009 were reunified with their parent. Children from *distressed families* were slightly older at first entry (6.6 years) and spent an average of 12 months in care. This group was particularly distinguished by the presence of physical abuse (20.6%), caretaker inability to cope (25.8%), parental substance abuse (24%); 79% of those exiting care were also reunified. *Youth needing services* were distinguished by an average age of entry at 14 years old with current average age at 16 years; 91% entered OOHC with child behavior problems and 41% had a first placement in a residential or psychiatric placement.

The group of 1,324 children (9.5% of all in OOHC in CY2009) was distinguished from three other groups primarily on these unique characteristics:

On average 8.6 years of age at first entry to OOHC and 16 years old currently;

Average total moves in OOHC = 8.8 (compared to 2.3 moves state average);

Average total months in OOHC = 69.6 months (compared to 18.9 months state average);

Percent with re-entry to OOHC at any time = 35.6% (compared to 16.6% state);

Percent African American = 23.4% (compared to 18.4% state);

Placed in the same county as removal = 23.6% (compared to 43% state);

Available for adoption (in agency case) = 53.2% (compared to 15.2% state); and

Percent of the exits from the group to reunification = 57.5% (compared to 75.3% state) with 25.4% exiting to emancipation (compared to 10.7% state).

This group often had been (81%) but was infrequently placed with siblings. They entered OOHC with a range of conditions including neglect (62.2%), physical abuse (15.1%), parent inability to cope (23.9%), child behavior problem (21.9%), or parental substance abuse (11.4%).

Barriers identified at Permanency Roundtables

Throughout KY, a list of barriers to permanency was identified and action plans to mitigate these barriers were initiated. The top five barriers to permanency were these:

- Differing public and private child caring agency expectations of therapeutic foster care, of foster parents need to mentor biological parents, limited transition planning from residential settings to foster care, and collaboration on case plans.

- Limited resources including the quality, availability, accessibility, and coordination of intensive family intervention, family therapy, and training models for parental management of challenging child behaviors.
- Limited mental health and developmental disability services with concerns over how much and when medications were prescribed, limited shared treatment goals, treatment planning across systems, and limited quality and consistency of assessment.
- Needs for training DCBS staff in critical problem solving, understanding behavioral and emotional issues, conducting family team meetings, and strategies to overcome permanency process delays.
- Using relatives as resources including finding and engaging relatives for both placements and ongoing relationships, and mitigating tensions between relatives and biological parents especially around issues of Termination of Parental Rights (TPR).

The Current Evidence Base Related to Barriers to a Permanent Placement; National Perspective:

The child welfare system most often interacts with these children and their families first through suspected child maltreatment. Child maltreatment arises most often from families with issues of poverty, substance abuse (McNichol & Tash, 2001), patterns of violence (Craig & Sprang, 2007), inadequate parental capacity and child management skills, or dysfunctional interaction styles with emotional dysregulation (Kelly, 1983). In turn, these conditions nurture children with increasingly difficult behavioral problems from emotional dysregulation, aggression, internalizing and externalizing behaviors, insecurity, avoidant or chaotic attachment styles, and a host of cognitive limitations (Perry, 2002). These children create additional parenting challenges among parents already struggling with the

original issues. Together these conditions create a pattern of aversive parenting and child behaviors that are likely to become increasingly explosive. Thus, family intervention is necessary for child safety. A study analyzing Child and Family Service Reviews across the states identified five common barriers to permanency achievement: 1) conducting timely termination of parental rights proceedings, 2) recruiting foster/adoptive homes, 3) child welfare case management, 4) court case management, and 5) establishing or changing permanency goals (Urban Institute Child Welfare Research Program, 2004). Federal policies have attempted to address the reduction of time children stay in foster care, perhaps most substantially with the Adoption and Safe Families Act (ASFA). ASFA has had a far reaching impact on federal and state foster care policies by focusing on expedited permanency for children and by providing incentives to states to increase the number of adoptions. The Child and Family Services Review's results from the first and second rounds highlight that states continue to have difficulty achieving permanency for children. In order to help states achieve permanency we need to: enhance utilization of concurrent planning, more timely permanency hearings, additional services and supports in communities, increased engagement of families in the case planning process as well as more frequent and substantive visits (Williams-Mbengue, 2008). There is a high level of evidence that children with disabilities and health problems, as well as multiple placement moves, present the greatest challenges to reunification (Bruin, 2003; Cordero, 2004). Reunification may prove to be more challenging for some demographic sets including age and race; infants and adolescents being less likely to be reunified than other age groups and African American children less likely than other racial backgrounds. Furthermore, almost 30% of children who were reunified in 1990 re-entered foster care within 10 years (Wulczyn, 2004). Reunification efforts may be further hampered by placement instability (Rubin, et al., 2007), which has been considered as a predictor for increased risk of behavior problems and other poor outcomes including diminished timeliness towards reunification and permanency efforts.

Family reunification practices are deeply rooted in American law and will most likely continue as the most common way children exit the foster care system. However, evidence supports the need for greater efforts of the child welfare agency, courts and service providers after reunification and tailored for the unique needs of the family to ensure the family situation remains safe and intact (Connell et al., 2009). Taussig, Clyman, and Landsverk (2001) compared rates of maltreatment following reunification for children who came into foster care as a result of maltreatment versus those who came into foster care for other reasons. Children who came into foster care as a result of maltreatment were significantly more likely to be maltreated, especially neglected, during reunification. This study concluded that targeted supports and services are needed prior to reunification and during the first year following reunification. Reunification versus continuation in foster care was compared in a six-year longitudinal study of adolescent outcomes including arrests, substance abuse, self-destructive actions, pregnancy and total competency. Reunification status significantly predicted negative outcomes in internalizing behaviors, total behavior problems and lower total competence. These findings suggest that thoughtful aftercare services may be needed to support families and improve child wellbeing.

There may be limitations to what can be accomplished through traditional family preservation and reunification (Littrell & Schuerman, 2002); more intensive models may be needed. Although research on aftercare services is limited, the available information stresses that the services should be initially intensive and includes family-tailored services (Maluccio, 2000; Walton et al,. 1993). There is a demonstrated link between social isolation and failed reunification (Terling, 1999; Kirk, 2001). Parent support provider models, referred to as parent-to-parent or peer-to-peer, have demonstrated sustainable family supports linking families with social supports and other community resources especially for families that experience challenges of mental health issues or disabilities (Hogan et al., 2002; Solomon & Draine, 2001).

Goals for integration:

1.0 Plan to incorporate KY Roundtables into current practice.

1.1 Over the course of 2011, provide KY Roundtable opportunities in each service region quarterly to discuss cases chosen by the regions.

1.2 Over the course of 2012, provide the opportunity for regions to request a KY roundtable for cases in out-of-home care as a supplement to formal out-of-home care consultations.

2.0 Improve planning for youth transitioning in care (in OOHC 18-48 months); addressing specific PCC & Therapeutic barriers identified in KY Roundtables.

2.1 *Develop* a standard assessment tool for PCP/PCC providers to use for youth in out of home care.

2.2 Provide training for PCC/PCP providers on standardized assessments and discharge planning.

2.3 Provide Technical Assistance to DCBS staff (SRCA/OOHC Specialist) on how to use information for standardized assessments and discharge planning.

The KY Roundtables illuminated several opportunities for improvement in the structure of the larger process for out of home care redesign, theme III of Kentucky's PIP. The following items will be incorporated into the strategic plan for out of home care redesign:

- Review OOHC Placement process to enhance matching needs of the child and services provided.
- Define role of both PCC/DCBS related to enhance communication at FTM-Case Planning/ Youth treatment conference, ongoing work with families to enhance reunification efforts.

a. Continue to review current PCC agreements to move towards Outcome Focused Permanency.

b. Coordinate with treatment providers.

c. Build partnership to enhance permanency for youth in care.

- Study status offenders committed to DCBS to identify reason for entry, services needed by this unique population and use that information to develop RFP for continuance of services to pre-post status offenders and their families.

2. References

Allen, M., & Bissell, M. (2004, Winter). Safety and stability for foster children: The policy context. *Future Child, 14*(1), 48-73.

Altman, J.C. (2008). Engaging families in child welfare services: Worker versus client perspectives. *Child Welfare, 87*(3), 41-60.

Bruin, C.M. (2003). Children with disabilities: Abuse, neglect and the child welfare system. *Journal of Aggression, Maltreatment & Trauma, 8*, 173-203.

Connell C.M., Vanderploeg J.J., Katz K.H., Caron C., Saunders L., & Tebes J.K. (2009, March 26). Maltreatment following reunification: Predictors of subsequent child protective services contact after children return home. *Child Abuse Neglect, 33*(4), 218-28.

Cordero, A.E. (2004, October - December). When family reunification works: Data-mining foster care records. *Families in Society.*

Hogan, B.E., Linden W. & Najarian, B. (2002). Social support interventions: Do they work? *Clinical Psychology Review, 22*, 381-440.

Littrell, Julia H. & Schuerman, John R. (2002). What works best for whom? A closer look at intensive family preservation services. *Child and Youth Services Review, 24*(9/10), 673-699.

Rubin, D.M., O'Reilly, A.L., Luan, X., Localio A.R. (2007, February). The impact of placement stability on behavioral well-being for children in foster care. *Pediatrics, 119*(2), 336-44.

Solomon, P., & Draine, J. (2001). The state of knowledge of the effectiveness of consumer provided services. *Psychiatric Bulletin, 28,* 177-179.

Taussig H.N., Clyman R.B., Landsverk J. (2001, July). Children who return home from foster care: A 6-year prospective study of behavioral health outcomes in adolescence. *Pediatrics, 108*(1), E10.

Urban Institute Child Welfare Research Program (2004). *Foster Care Adoption in the United States: A State by State Analysis of Barriers & Promising Practices.* Technical Report. Retrieved from http://www.urban.org/UploadedPDF/411108_FosterCareAdoption.pdf on May 13, 2008.

Williams-Mbengue, N. (2008). Permanency: A key concept for children in foster care overcoming barriers to permanency: The Child and Family Services Reviews. Retrieved from http://www.ncsl.org/documents/cyf/movingchildrenoutofcare.pdf on July 16, 2010.

Wulczyn F. (2004, Winter). Family reunification. *Future Child, 14*(1), 94-113.